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# Health & Wellness *solutions*

NEWSLETTER FOR JOB CORPS HEALTH & WELLNESS STAFF

## The Facts: Energy Drinks

– Sara Mackenzie, MD, MPH, Medical Specialist

Have you seen the advertisements for Red Bull featuring their international surf team? In one notable commercial, a monster wave envelops professional surfer and Red Bull athlete Ian Walsh. Ian, tan and fit, says “Welcome to my world; a world of Red Bull.” Then a can of Red Bull materializes on a black background, with Red Bull’s signature slogan, *Red Bull gives you wings*.

Red Bull and other energy drinks are heavily promoted to adolescents and young adults—34 to 45 percent of this demographic report drinking them. Since the introduction of energy drinks in 1987, the energy drink market has become the fastest growing sector of the beverage industry. There are now over 100 brands available including Red Bull, Full Throttle, Rockstar, Vault, Jolt, Go Girl, Rip It Chic, Sobe No Fear, and many others.

### ***What is an energy drink?***

There is not a clear definition, but the term generally refers to beverages that are promoted to boost energy. The energy boost does not come through the calories they contain but from supplements. The most common component is caffeine and energy drinks contain a lot of it— typically ranging from 80 to >500 mg per container. For perspective, the U.S. Food and Drug Administration (FDA) recommends that drinks contain no more than 65 mg of caffeine per 12 ounce beverage. A standard 12-ounce soft drink contains 30 to 55 mg of caffeine.

### ***Why doesn’t the FDA regulate energy drinks?***

The FDA does not have regulatory control over energy drinks because they are considered dietary supplements. In addition, the FDA cannot require manufacturers of energy drinks to disclose the amount of caffeine per ounce or require they post warnings about caffeine. If this mega-dose of caffeine is not enough, energy drinks often contain a range of other ingredients including guarana, ginseng, taurine, and sugar. Each of these is reported to enhance the energy producing effects.



*Can an energy drink like Red Bull really help you surf like Ian? Red Bull would like for you to believe that it can.*

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# Positive Peer Pressure

The American Cancer Society's (ACS) website states, "The truth is that quit smoking programs, like other programs that treat addictions, often have fairly low success rates." Oconaluftee Job Corps Center's (JCC) TEAP Specialist, Lakeshia Gallaspy, is making strides to prove the ACS wrong at her center, nestled in the heart of tobacco country.

*Check out the N-O-T website for more information:*  
<http://www.notontobacco.com/>

Like many TEAP Specialists, Ms. Gallaspy uses the American Lung Association's Not on Tobacco (N-O-T) program. N-O-T is a voluntary program that helps youth increase their healthy behaviors, quit (or reduce) smoking, and improve their life-management skills. Ms. Gallaspy believes in the tenets of the program, including encouraging students to cut back on smoking if they are not ready to quit. "Cutting back is something that is encouraged in the N-O-T program. There are times students are stressed and start smoking more. Rather than criticize their failure, I celebrate their success because they don't give up on their goal and they continue to participate in N-O-T."

Out of the box, the program boasts a 21 percent quit rate, which is higher than any other similar program. However, Ms. Gallaspy and the Oconaluftee JCC staff know that, regardless of how good a program may be, in order for the program to be successful, students need to show up. They also know that peer pressure, whether positive or negative, is a strong motivator.

Twenty-two year old J'Quita Iris Owens started smoking at 16 and knows all too well about peer influence, saying, "I started smoking because I was told by my peers that it helps to relieve stress." She had finally had enough of smoking when she arrived at Oconaluftee JCC. "When I decided to join Oconaluftee, I was aiming to change my life," Ms. Owens said. "I learned about the N-O-T program from Ms. Gallaspy. During my participation in this program, I learned about the harmful chemicals that are in each cigarette. I told myself that I did not want to continue putting those harmful chemicals in my body. I decided to quit cold turkey. I have been smoke free for three months now, I don't plan on starting back, and I am still participating in the N-O-T program." Ms. Owens knows that she could not have quit smoking without the help of others. She explained, "The support I receive from this program helps me to stay smoke free."

Ms. Gallaspy has tuned into the need for positive peer pressure to combat the negative. She relies on students, like Ms. Owens, who have already gone through the N-O-T program to recruit and support other students. Her participants receive incentives to bring others to the group—and it works. "Having students participate in the recruitment process is a great success because their peers see that they are not alone and help is available."

When Ms. Owens recruits her friends into the program, she shares her new-found philosophy, "In order for people to quit smoking, they must stay determined and focused on their goals of making a change in their lives." She then helps her friends find their determination to become smoke free and applies a little positive peer pressure.



*Last May, the center hosted their inaugural three-mile Walk Against Tobacco, which brought together smokers and nonsmokers for a walk to support students who want to quit smoking. The walk was followed by a health fair involving over 15 community partners and state agencies. Ms. Gallaspy described the walk, "This was a great opportunity for smokers and nonsmokers to come together to support this issue."*

*As a US Forest Service center, Oconaluftee JCC believes strongly in following a whole-life approach to student success—something borrowed directly from the original civilian conservation center days of the 1930s. Events such as a walk or health fair can be that first step in helping smokers begin to think about quitting. After all, every 'quitter' started somewhere.*



# Introducing HEALS

## What is HEALS?

- The *Healthy Eating and Active LifeStyles* program is designed to help Job Corps students learn to live healthy, active lives.
- The evidence-based HEALS program provides structured learning, experiential, and fitness activities that promote lifelong health and physical well being.
- HEALS relies on the support and collaboration of all Job Corps departments—*Food Service, Recreation, Health and Wellness, Residential Life, Academics, and Career Technical Training*.
- The primary goal of HEALS is to improve every students health, nutrition, and fitness status while they are enrolled in Job Corps. The secondary goal of HEALS is to positively impact every students' employability through instilling the importance of healthy habits that last a lifetime.



## What guidance and materials will be provided?

- *A step-by-step guide* to work with students of all shapes, sizes, and current health behaviors.
- *A website for food service staff* that includes (1) 'how-to' sections on serving healthy food within budget, using the food service experience as a teachable moment, marketing healthy food to students, planning menus that take students' ethnic backgrounds and preferences into account, and (2) resources on nutrition and food safety.
- *An evidence-based curriculum* with modules on nutrition, exercise, weight management, goal setting, emotional eating, and advocacy for healthy choices.
- *A guide to help recreation staff* create a fun and motivating environment.
- *Policy and Requirements Handbook changes* that require all centers to offer fitness classes, clubs, and sports; access to healthy food; education and counseling; and a committee to coordinate the program.
- *Guidelines and criteria* to assist centers in selecting HEALS committee members.
- *Webinars and conference workshops* on such topics as serving creative vegetarian options, food service budgeting, and the science behind health-behavior motivation.
- *Tips on how to promote healthy choices* and garner support from all staff and students.
- *Guidance on how to measure* students' progress and program outcomes, such as measuring body mass index (BMI) and waist circumference upon students' entry and exit from the program, and suggestions on center monitoring progress in achieving program objectives.

## What can you expect from HEALS in the coming months?

A marketing kit for your center | Two new websites | Guidance on how to select a HEALS committee | Staff trainings  
"Best Health Mentor" competition | Ongoing program support

### *Best Health Mentor Competition*

*Entries due: 5:00 pm, ET, Wednesday, March 9, 2011*

Do you have a colleague who has recently made a total lifestyle change? Did your center organize a running club? Is there a student on center who motivates her classmates to take a step aerobics class and eat vegetables? That's who we're looking for!

Each member of the Job Corps community may nominate one staff member **and** one student as the center's *Best Health Mentor*. Nominees should be individuals who both model healthy behaviors and help others adopt these behaviors. One staff member and one student will be selected from each region as a *Best Health Mentor*. Winners will be announced on March 20<sup>th</sup>.

E-mail your nominations to [julie.luht@humanitas.com](mailto:julie.luht@humanitas.com). In your e-mail, please provide: **your name, center name, the staff member/student you are nominating, and why you think this staff member/student is a "Best Health Mentor"** (in 100 words or less). A picture of the nominee is optional (release form must be provided).





# Not Your Mother's Drugs

## *Synthetic Cannabinoids: What You Need to Know*

– Diane Tennes, PhD, Lead TEAP Specialist

In the last two years, legal marijuana substitutes (a.k.a. “Fake Pot”), containing synthetic cannabinoids, have become increasingly popular. They have exotic names like Spice, K-2, Genie, and Yucatan Fire, and are sold as “herbal incense” at head shops, smoke shops, convenience stores, and online. Despite carrying clear warnings of “not for human consumption,” they are often displayed with pipes and other drug-related paraphernalia. Typically, these substances cost about twice as much as marijuana.



*Synthetic cannabinoids packaged for sale.*

So, what about these synthetic drugs appeals to users? The primary advantage for most users is that drug tests do not detect these substances because their chemical formula is different from marijuana.

Natural cannabis preparations, such as marijuana and hashish, have been used medically for thousands of years. In recent years, the medicinal properties of cannabis have been the subject of much research and heated debate, with scientists confirming that the cannabis plant contains active ingredients that relieve pain, control nausea, increase appetite, and decrease eye pressure.

The origins of today's synthetic cannabinoids can be traced back to the mid-1990s when researchers led by John Huffman, PhD, of Clemson University, developed a large number of cannabinoid synthetics to facilitate research on the different types of cannabinoid receptors in the brain. These synthetics show potential medicinal use for the treatment of nausea, glaucoma, and as appetite stimulants. Within a decade, ‘street chemists’ were using the Clemson group's published papers on these synthetics to design synthetic marijuana analogues for the sole purpose of creating a mood altering state. Initially available only in Europe, these substances rapidly ‘went viral’ on the Internet and information quickly spread about this new “Fake Pot” and how it was not detectable on drug screens.

The use of synthetic cannabinoids skyrocketed in 2010. While these drugs are too new to have actuarial data about frequency of use, the American Association of Poison Control Centers (AAPCC) reports receiving over 2,700 calls regarding adverse effects resulting from synthetic cannabinoids for the period January to December 21, 2010. This is compared to only 13 such calls received by AAPCC in 2009.

There are no published studies on the synthetic cannabinoid's effects on humans. Users report a high similar to marijuana, but longer lasting (this may be because synthetic cannabinoids bind tighter to cannabinoid receptors than do natural cannabinoids). However, since there is no oversight as to what is actually in these products, they produce quite a varied range of physical and psychological reactions. Extreme reactions include panic attacks, severe agitation, severe nausea and vomiting, hallucinations, and seizures. Depending on formulation, these synthetics can be much more powerful than marijuana and pose a significant risk for extreme symptoms.

Until recently, synthetic cannabinoids have escaped regulatory oversight by carrying the label “not for human consumption.” On November 24, 2010, the Drug Enforcement Agency (DEA) exercised their emergency scheduling powers and filed a notice of intent to temporarily place five of the synthetic cannabinoids into Schedule I of the Controlled Substance Act. This was based upon the DEA's determination that this action was necessary to avoid an “imminent hazard to the public safety.” Additionally, many states have already instituted their own laws. Kansas was first, banning synthetic cannabinoids in May 2010. The Department of Defense has banned synthetic cannabinoids on all military bases, and many foreign countries have also banned these substances.

To ensure that the Job Corps community has up-to-date information on issues that may impact Job Corps youth, the Job Corps National Office provides education, training, and guidance on significant trends, such as the upsurge in the use and distribution of synthetic cannabinoids. Training for health and wellness staff was provided at the 2010 Job Corps National Health and Wellness Conference. Having education about synthetic cannabinoids better prepares staff to work with students to address issues, like illegal and illicit substance use, that may interfere with employability.

*Continued page 4*



# The Facts: Energy Drinks (continued)

## *Are energy drinks a problem for Job Corps youth?*

They certainly may have an impact on our student health and well-being. Caffeine is considered safe in low doses (<3 mg per kg body weight). At these doses, caffeine can increase alertness, energy level, and sociability. However, at higher doses (>3 mg per kg body weight), caffeine can have negative side effects including anxiety, jitteriness, upset stomach, headaches, flushed face, difficulty sleeping, tooth erosion, dehydration, increased heart rate, increased blood pressure, and arrhythmia. There are even reported cases of seizure, stroke, heart attack, and death. Toxicity is dose dependent, thus the higher caffeine content and the uncertainty about how much caffeine is included per ounce contribute to risk. Individuals may also respond differently to caffeine dose, and adolescents and young adults may be at greater risk for side effects due to less tolerance to caffeine.

In addition, the use of energy drinks is associated with risk-taking behaviors and sensation seeking—including tobacco, alcohol, non-medical prescription drug use, lack of seatbelt use, and sexual risk taking.

## *What can Job Corps centers do?*

- Ask students about their intake of caffeine and energy drinks.
- Explore what students see as the benefits of energy drinks.
- Assess students for harmful effects, such as difficulty sleeping, feeling anxious or jittery, headaches, fast heart rate, elevated blood pressure, and others.
- Encourage students to not use energy drinks.
- Help student create a behavior change plan if they are motivated to reduce use.
- Advocate for removal of energy drinks from vending machines, if applicable.
- Provide students with information on the potential risks associated with energy drinks.

## References

Pennington, N., Johnson, M., Delaney, E. and Blankenship, M.B. (2010) Energy Drinks: A New Health Hazard for Adolescents. *The Journal of School Nursing*. 2010 Jun 10.

Arria, A.M., Caldeira, K.M., Kasperski, S.J., et al. (2010) Increased Alcohol Consumption, Nonmedical Prescription Drug Use and Illicit Drug Use are Associated with Energy Drink Consumption among College Students. *Journal of Addiction Medicine*. 4(2): 74-84

Kaminer, Y. (2010) Problematic Use of Energy Drinks by Adolescents. *Child and Adolescent Psychiatric Clinics*. 19(3):643-650.

Duchan, E., Patel, N.D., and Feucht, C. (2010) Energy Drinks: A Review of use and Safety for Athletes. *The Physician and Sports Medicine*. June 38(2)171-9.

# Not Your Mother's Drugs (continued)

## *Synthetic Cannabinoids: What You Need to Know*

TEAP Specialists who attended the November training offer the following suggestions for minimizing the potentially harmful effects of synthetic cannabinoid use:

- Ask students about their use of synthetic cannabinoids during pre-admission calls and upon arrival on center.
- Incorporate information about synthetic cannabinionoids into individual and TEAP group discussions.
- Collaborate with the disciplinary system. Mechanisms already exist to address behavioral infractions and to provide assistance to students. Synthetic cannabinoids are frequently smoked and students who use these substances will likely be in possession of drug paraphernalia, which are prohibited items.

*In the Spring 2011 Newsletter, Not Your Mother's Drugs will feature information on Saliva Divinorum.*

## References

Zimmermann et al. (2009). Withdrawal Phenomena and Dependence Syndrome after the Consumption of Spice Gold. *Deutsches Arzteblatt International Dtsch Arztebl Int*, 106 (27), 464-467.

Gussow (2010). Coming to an ED Near You: Bromo- Dragonfly (Not an Insect), K2 (Not a Mountain), and Venus (Not the Planet). *Emergency Medicine News*, 32 (7), 20-21.

Cary (2010). Spice, K2 and the Problem of Synthetic Cannabinoids. *National Drug Court Resource Center*.

Fake Marijuana Spurs More than 2,500 Calls to U.S. Poison Centers This Year Alone (12/21/2010). AAPCC (<http://www.aapcc.org>).



# Body Image and Ethnicity: Is There a Link?

During the Nutrition, Exercise, and Weight Management session at the Job Corps National Health and Wellness Conference, a participant shared the following observation and frustration—African American female students do not want to lose weight, even if they are obese, because they like their curves. How do you motivate them to lose weight?

## *Is this observation real?*

The University of North Carolina and *Self Magazine* recently conducted a study of over 4,000 women<sup>1</sup>. After responding to demographic information (age, weight, height, and race), they were asked to look at the picture at the bottom of the page, and answer 1) “Which silhouette is closest to what you currently look like?” and 2) “Which silhouette would you prefer to look like?” The results showed:

- A majority of women of all racial groups selected silhouette #4 as their preferred body type.
- More Asian women selected silhouette #3 as ideal when compared to other groups. Asian women were the least likely to prefer a body type larger than silhouette #4.
- More African American women chose silhouettes #5 and #6 than other racial groups and less chose silhouette #3. The majority chose silhouette #4.

- When compared to all other groups, African American participants preferred a body type closest to the silhouette they felt they currently resembled.

This research holds some good news for your students who like their curves. Poor body image is a major risk factor for weight gain in adolescents. Young women (really women of all ages) who are dissatisfied with their bodies are more likely to engage in emotional eating and are also more likely to gain substantial amounts of weight. A healthy body image, even if that body image is a few pounds overweight, is better for a student than the self loathing that comes with trying to look like an anorexic model.

The bottom line of this research study is that, yes, different cultures feel differently about weight, but probably not as much as one would think.

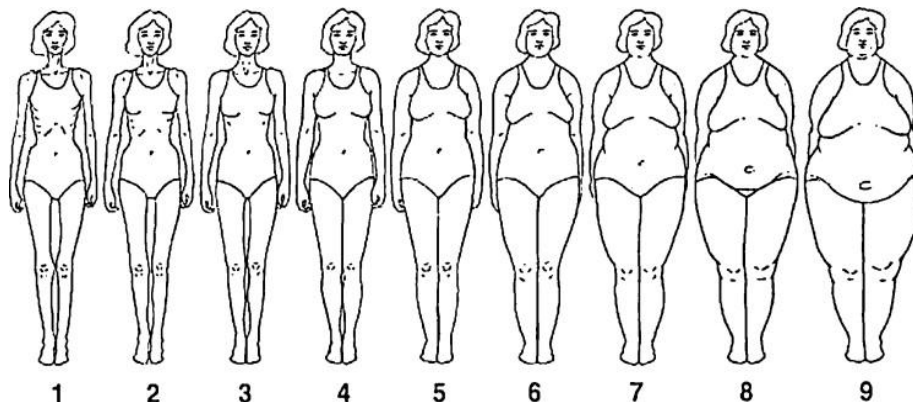
People choose to exercise and eat healthy for all sorts of reasons. While many will cite a healthy dose of vanity as a motivator off the bat, when you probe a little deeper, the quest for thinness is often trumped by other factors, such as the positive feelings derived from exercise.

So, how do you sell healthy habits to people who do not want to be thin? Well, the Jenny Craig diet program hired Queen

Latifah to do it. While the previous spokeswoman disrobed to her bikini to show her results, Queen Latifah targeted the women who, while happy with their curves, wanted to feel healthier and more energetic.

Motivation to make healthy choices is very personal. Motivation to engage in any healthy behavior is far from a one shot deal. Most people, regardless of race, are not going to find long-term motivation based on appearance. If appearance were that good a motivator, we would all be a lot skinnier. People who continuously eat healthy and exercise throughout their lives do so for a variety of reasons.

One of the best ways to help young people get on board is by helping them have positive experiences with healthy choices. This can be accomplished by making exercise a fun, social experience, and then afterward, having a discussion about the positive physiological and psychological effects. Questions you can use include: *How does your body feel after you exercise?* and *How are you feeling about [insert stressor] after exercise?* You can also help a student find her motivation by helping her find an activity that she likes. Like Jenny Craig’s strategic plan to motivate women who are more motivated by health and energy than by six-pack abs, we can approach healthy eating and exercise with different students in different ways.



<sup>1</sup> Kronenfeld, L.W., Reba-Harrelson, L., Von Holle, A., Reyes, M.L., & Bulik, C.M. (2010). Ethnic and racial differences in body size perception and satisfaction. *Body Image*. 7(2), 131-136.



# Resource Corner

## Medical

**Immunizations News from the Immunization Action Coalition.** Subscribe to IAC Express and our other free publications at <http://www.immunize.org/subscribe>.

**Sugary Drinks, Foods Might Put Teens at Risk for Heart Disease.** Learn about another reason to encourage students to avoid sugary foods and drinks.  
[http://www.nlm.nih.gov/medlineplus/news/fullstory\\_107500.html](http://www.nlm.nih.gov/medlineplus/news/fullstory_107500.html).

## Mental Health

**The National Alliance on Mental Illness Has Launched StrengthofUs.org.** This is a new online community where young adults living with mental health concerns can provide mutual support in navigating unique challenges and opportunities. Available at <http://www.strengthofus.org>.

**Violent Games Not to Blame for Youth Aggression, Study Suggests.** The article is available at <http://www.sciencedaily.com/releases/2010/12/101214112031.htm>.

**Teen Optimism Beats Back Health Risks.** New research points to benefits of optimism. The article is available at <http://pagingdrgupta.blogs.cnn.com/2011/01/11/teen-optimism-beats-back-health-risks/>.

Have an idea for a newsletter article? E-mail Julie Luht, [julie.luht@humanitas.com](mailto:julie.luht@humanitas.com), to share your story or resource.

## Substance Use

**Ho-Hum Attitude Toward Pot Has More Teens Lighting Up.** Read the *Baltimore Sun* article about the reasons behind increased substance use in teens at <http://www.baltimoresun.com/health/fl-nbcol-teen-marijuana-use-brochu-0120110111,0,577188.column>.

**Study: Acculturation Stress Linked to Substance Use in Latino Teens.** See the research results from Join Together at <http://www.jointogether.org/news/research/summaries/2011/acculturation-stress-linked.html>.

**Survey: Exposure to Anti-Drug Messages among Teens Drops Dramatically by Two-Thirds as Drug Use Goes Up.** See the results at <http://www.pnnewswire.com/news-releases/survey-exposure-to-anti-drug-messages-among-teens-drops-dramatically-by-two-thirds-as-drug-use-goes-up-113342974.html>.

## General

**Electrical Gadgets and Teen Sleep.** Learn about the health risks of sleep deprivation at <http://pagingdrgupta.blogs.cnn.com/2011/01/11/teen-optimism-beats-back-health-risks/>.

**Sports Participation Good for Teen Health.** Read about the physical, social, and mental benefits of sports participation at <http://psychcentral.com/news/2010/09/23/sports-participation-good-for-teen-health/18591.html>.

**Resources to Find and Purchase Local Food.**  
<http://www.simplesteps.org/eat-local>.

E-mail your comments or suggestions to Carol Abnathy, National Health and Wellness Manager, [abnathy.carol@dol.gov](mailto:abnathy.carol@dol.gov). We have designed these tools with you in mind and we are always open to making a good thing better.

